FEC FORM 1		STATEMENT OF ORGANIZATION				Office Use	Only	
1. NAME OF COMMITTEE (In	lull)	(Check	If name ged)	Example over the	o:1f typing, type lines.		M5	
Women S	uppoi	rting Co	ry	111			1111	<u> </u>
<u> </u>			<u> </u>	1.11				
ADDRESS (number and street) (Check if address is changed)		1624 N	larket :	Stree	t .		 	
		Suite 2	02		1 1 1 1		1 1 1 1	. <u> </u>
		Denvei				CO	80202	2
			С	ITY		STATE	ZIF	CODE
COMMITTEE'S E-MA	IL ADDRES	S (Please provid	e only one e-n	nall addres	s)		•	
(Check if	eddrore	ahorna	day@	ho _ι τη:	adaylaw	.com_		<u> </u>
Is change		<u> </u>		_ ننـــــــــــــــــــــــــــــــــــ	<u> </u>			
COMMITTEE'S WEB	PAGE ADD	AESS (URL)						
		1 1 1 1 1	<i>t</i> []	l l i	11116	1111	11111	1 1 1 1 1 1
(Check if address is changed)		1, , , ,			: . .	4 1 1 1		· · · · · · · · · · · · · · · · · · ·
			,,_,_,_,	<u> </u>			 	
2. DATE 11	<u>"] '[13</u>	2014	7 T		•			
3. FEC IDENTIFIC	ation nui	MBER	<u>cl00</u>	5 <u>680</u>	<u>30, , </u>			
4. IS THIS STATEM	MENT	NEW (N)	OR	\boxtimes	AMENDED (A)			
I certify that I have e	xamined this	Slatement and	to the best of	f my know	ledge and helief	it is true, cori	rect and comple	le.
Type or Frint Name o	teruagenT to	Alexar	nder Ho	ornac	lay	····		
Signalure of Treasure	r <u> </u>					Dale		, <u> </u>
NOTE: Submission of I					he person signing BE REPORTED V			of 2 U.S.C. §437g.
Office Use Only				Fede Toll F	urther information (va) Election Commission 600-424-9590 202-884-1100			FORM 1 d 02/2009)

	-	FEC Fo	rm 1 (Revised 02/2009)	Page 2
 5.			OMMITTEE .	
	Can	didate	Committee:	
	(a)		This committee is a principal compaign committee, (Complete the candidate information below.)	
	(p)		This committee is an authorized committee, and is NOT a principal campaign committee. (Comple Information below.)	le the candidate
	Name Cand			<u> </u>
	Cand	didale Affiliatio	Office House Senate President	State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name			
	Part	ty Com	nmittee:	
	(d)			mocratic, publican, etc.) Party.
	Poli	tical A	ction Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) its connec	xed organization is a:
			Corporation Corporation w/o Capital Stock	abor Organization
			Membership Organization Trade Association	ooperative
			In addition, this committee is a Lobbyist/Registrant PAC.	
	(1)	\boxtimes	This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated lund or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
_			In addition, this committee is a Leadership PAC. (Identity sponsor on line 6.)	·
	Join	t Fund	ralsIng Representative:	
í	(g)		This committee collects contributions, pays fundraising expenses and dispurses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(h)		This committee collects contributions, pays fundralsing expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
		Comr	mittees Participating In Joint Fundraiser	
		1.	FEC ID number C	and the second s
		2.	FEC ID number C	Benedicted The Queenpous Benedicted Benedicted
		3.	FEC ID number	
		4.	FEC ID number	ana Cwaillasan Vica Suice
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Write or Type Committee Nam	ie e	
Women Suppo	orting Cory	
S. Name of Any Connected	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadersh	nip PAC Sponsor
<u> </u>		_
Majling Address		
	CITY STATE 2	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundralsing Representative Lear	dership PAC Sponsor
Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the person in poss	session of committee
Full Name Alexa	ander Hornaday	
Mailing Address	1624 Market Street	, , , , , , l
	Sujte 202	
	Denver 100 8020	2 1_1
Tille or Position	CITY STATE Z	P CODE
Treasurer/Secre	etary Telephone number	
Transurar Lint the name on	d address (phone number optional) of the treasurer of the committee; and the nam	a and address of
any designated egent (e.g., e		e and address of
Full Name Alexa	ander Hornaday	ı
ui ileasutei	1624 Market Street	
Mailing Address		
	Suite 202	
	CITY STATE Z	P CODE
Tille or Position Treasurer/Secretar	Y Telephone number	<u>. </u>

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		_	
Full Name of Designated			
Agent			
Mailing Address			
			
			<u> </u>
	CITY	STATE	ZIP CODE
Title or Position	. 1	. 1	11 11 1
	Telephon	e number	
	<u>.</u>	•	
Banks or Other Deposit salety deposit boxes or i	itories: List all banks or other depositories in which the co maintains lunds.	immittee deposits	funds, holds accounts, rents
Name of Bank, Deposito			
City	/wide Banks		,
Mily			·
Mailing Address	55 Madison Street	11111	
	Suite 100		
	Denver , , , , , , , , , , , , , , , , , , ,	၂ ငဉ	80206
	CITY	STATE	ZIP CODE
Name of Bank, Deposito	ry, etc.		
ــــــــــــــــــــــــــــــــــــــ			
Mailing Address			
		ليا ل	السا-لسبا
	CITY	STATE	ZIP CODE

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(8/2013)